

ORIGINAL

United States District Court
Northern District Of Georgia
Atlanta Division

FILED IN CLERK'S OFFICE
U.S.D.C. - Atlanta

JAN 07 2016

JAMES N. HATTEN, Clerk
By: *[Signature]* Deputy Clerk

Robert Summerall,

Civil Action No.

1:15-cv-01490-Lmn

Plaintiff,

v.

285 west soul food

Restaurant, Inc. and

Juaneta Cooper

File for a Motion

I, Juaneta Cooper of 285 West Soul Food, would like to have this case reopened due to the fact that this claim is based on all lies. I have proof that he was not fired, and he started a new job. I also have proof that he was not a cook, and he did not work seven days a week from 5:30 AM until 9:00 PM. I have included

documents on a minor burn that he suffered and he lied up until he was able to file a claim to get money. Robert Summerall had someone prolong the treatment to get money from the business. Our Workers Comp doctors cleared Mr Summerall all and released him. I have included the proof in the documents. Robert Summerall did obtain a lawyer around March 2014 with the same claim while he was still an employee here, and he was also telling the other workers here that he was going to bring a case against us. When I asked him about this he told me it wasn't true and he wrote a letter that I included stating that he was not trying to pursue ~~at~~ any judgements against at that time or in the future.

I have proof of all of this and I have witness on my behalf. I also have a recording of MR Summerall speaking out his plans, and how it was going to work based on his lies.

I was not served anything I recieved the papers from going down to the Northern District of Georgia. And had them printed off.

1/7/2016
Juaneta Cooper
404 437-4925
2636 ML King Jr Dr
SW Unit 10
Atlanta GA 30311

LAW OFFICES OF THOMAS O. SIPPEL

Employees of a Subsidiary of The Hartford Financial Services Group, Inc.

50 Glenlake Parkway
Suite 301
Atlanta, GA 30328

OFFICE:
Telephone (770) 730-3530
Facsimile (877) 369-4884

KELLY M. CLARK, ESQ.

Admitted in Georgia
Direct Dial: (770) 730-3527
Email: kelly.clark@thehartford.com

February 10, 2015

Ms. Juaneta Cooper
285 West Soul Food Restaurant, LLC
2636-10 Martin Luther King Jr Drive
Atlanta, GA 30311

Re: ***Robert Summerall v. 285 West Soul Food Restaurant, LLC***

Hartford Claim No.: YKT69372C
Date of Loss: 7/12/2014
WC Claim No.: 2014-024157

Dear Ms. Cooper:

Enclosed are copies of the following documents:

1. No-Liability Stipulation and Agreement;
2. WC-15, Attorney Certification; and
3. Throw-Away Memorandum.

We have prepared these documents to conclude the workers' compensation claim regarding the above matter. The documents have been sent to the Claimant's attorney for signatures. When the documents are returned to me, I will electronically file same with the Board for approval. You will receive notice of approval from my office upon the receipt of the Board's approval.

Please do not hesitate to contact me if you have any questions on this matter.

Very truly yours,


Kelly M. Clark

KMC/jas
Enclosures

cc: Mr. David Aguirre, The Hartford

LAW OFFICES OF THOMAS O. SIPPEL

Employees of a Subsidiary of The Hartford Financial Services Group, Inc.

50 Glenlake Parkway
Suite 301
Atlanta, GA 30328

OFFICE:
Telephone (770) 730-3530
Facsimile (877) 369-4884

KELLY M. CLARK, ESQ.

Admitted in Georgia
Direct Dial: (770) 730-3527
Email: kelly.clark@thehartford.com

February 10, 2015

Brian J. Buckelew, Esq.
Brian J. Buckelew, P.C.
1465 Northside Drive, N.W., Suite 211
Atlanta, GA 30318-1732

Re: ***Robert Summerall v. 285 West Soul Food Restaurant, LLC***
Hartford Claim No.: YKT69372C
Date of Loss: 7/12/2014
WC Claim No.: 2014-024157

Dear Brian:

Enclosed are copies of the following documents:

1. No-Liability Stipulation and Agreement;
2. WC-15, Attorney Certification; and
3. Throw-Away Memorandum.

These documents are to settle the above workers' compensation claim. If the documents meet with your approval, please execute same accordingly and return to me for electronic filing with the Board. Also, in accordance to Board Rule 15(A), please insert your Federal Tax Identification Number where indicated on the front page of the Stipulation and Agreement. Please also return a copy of your fee contract and list of expenses with the executed Stipulation.

Very truly yours,

Kelly M. Clark

KMC/jas
Enclosures

cc: Mr. David Aguirre, The Hartford
285 West Soul Food Restaurant, LLC

WC-15 ATTORNEY CERTIFICATION FOR NO LIABILITY STIPULATIONS

GEORGIA STATE BOARD OF WORKERS' COMPENSATION**ATTORNEY CERTIFICATION FOR NO LIABILITY STIPULATIONS**

Board Claim No. 2014-024157	Employee Last Name Summerall	Employee First Name Robert	M.I.	Social Security Number 591-10-1953	Date of Injury 7/12/2014
--------------------------------	---------------------------------	-------------------------------	------	---------------------------------------	-----------------------------

As counsel of record for the employee in the above referenced claim(s), Brian J. Buckelew, hereby certify and affirm my claim for reimbursable expenses is permitted by Rule 1.8(e) of the Georgia Rules of Professional Conduct and Board Rule 108 and that I am charging a fair and reasonable fee to my client which does not exceed 25% as allowed by O.C.G.A. § 34-9-108 and Board Rule 108 as they apply to the alleged accident date(s) of : 7/12/2014

This _____ day of February / 2015
(Day) (Month) (Year)

Print Name Brian J. Buckelew	Address 1465 Northside Drive, N.W., Suite 211	
Signature		
Telephone Number (404) 551-4309	City Atlanta	
GA Bar Number	State GA	Zip Code 30318-1732

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

IN THE STATE BOARD OF WORKERS' COMPENSATION
STATE OF GEORGIA

ROBERT M SUMMERALL
953 MICHIGAN AVENUE NORTHWEST
ATLANTA, GA 30314

Employee/Claimant,

v.

285 WEST SOUL FOOD RESTAURANT, LLC
2636-10 MARTIN LUTHER KING JR DRIVE
ATLANTA, GA 30311

Employer,

and

HARTFORD UNDERWRITERS INSURANCE
COMPANY – SOUTHEAST WORKERS'
COMPENSATION CLAIM CENTER
P.O. BOX 14473
LEXINGTON, KY 40512

Insurer.

ICMS NO.: 2014-024157

DATE OF INJURY: 7/12/2014

BRIAN J. BUCKELEW, ESQ.
BRIAN J. BUCKELEW, P.C.
1465 Northside Drive, N.W., Suite 211
Atlanta, GA 30318-1732
(404) 551-4309
Tax I.D. No.: 27-0417994

KELLY M. CLARK, ESQ.
LAW OFFICES OF THOMAS O. SIPPEL
50 Glenlake Parkway, Suite 301
Atlanta, GA 30328
(770) 730-3527

NO LIABILITY STIPULATION AND AGREEMENT

The following stipulations and agreements are entered into by and between the parties in the above-styled case as the full and complete evidence upon which the State Board of Workers' Compensation may enter an award in final determination and adjudication of the within and foregoing claim.

1.

All parties are represented by counsel.

2.

The claimant contends that he sustained an injury to his arm on or about 7/12/2014 while in the employ of the employer.

The Employer and Insurer contend to the contrary that the employee did not sustain an injury to his arm arising out of and in the course of his employment on 7/12/2014 or at any other time while in the employ of the employer.

3.

Through careful review of all of the facts, circumstances, and available evidence, it is stipulated and agreed that the claimant has not incurred an injury arising out of and in the course of employment as contemplated by the State of Georgia's Workers' Compensation Act and the parties herein agree that the Employer and Insurer have sufficient evidence to prevail in a hearing on the matter.

4.

The parties further specifically stipulate and agree as follows:

(a) Claimant, Employer and Insurer agree that in return for the mutual covenants and promises made, the sufficiency of which consideration is hereby acknowledged by claimant, neither employer, insurer nor their respective successors or assigns, have any obligations, responsibility or liability to claimant under the workers' compensation laws of this state as the result of any alleged accident or injury arising out of and in the course of claimant's employment on or about 7/12/2014. This acknowledgment of no liability, responsibility or liability includes, but is not limited to, any change in condition or super-added injury or aggravation of any condition resulting from any alleged accident or injury said to have occurred on or about 7/12/2014 or any death resulting from any such alleged accident or injury.

(b) It is stipulated by the claimant that the only date upon which claimant alleges an injury arising out of and in the course of his employment with employer was 7/12/2014. The employer and insurer rely on this stipulation as reason for entering into this no-liability stipulation and agreement.

(c) It is stipulated by the claimant that the only injury which claimant alleges he received by accident arising out of and in the course of his employment with employer was to his arm. Employer and insurer rely on this stipulation as a reason for entering into this stipulation and agreement of no liability.

(d) Claimant hereby directs that by approval of this stipulation and agreement of no liability, his claim for workers' compensation benefits now pending before the State Board of Workers' Compensation and styled Robert Summerall v. 285 West Soul Food Restaurant, LLC

Hartford Underwriters Insurance Company, Case No: 2014-024157; D/A: 7/12/2014, shall stand dismissed with prejudice.

5.

Pursuant to Board Rule 15(l), the Employee stipulates that there are no outstanding child support liens that would prohibit full disbursement of the settlement funds in this case.

6.

It is therefore the express intent and desire of the parties that this serve as the basis of an award denying compensability of this matter and dismissing this claim in final adjudication of the rights of the parties.

7.

By execution of this document, counsel for Employer and Insurer certifies that pursuant to O.C.G.A. § 34-9-15, a copy of this Stipulation and Agreement was forwarded to the Employer & Insurer prior to any party having signed it.

Wherefore, the parties hereto respectfully request that the State Board of Workers' Compensation approve this no-liability stipulation and agreement, thereby entering an award forever dismissing this claim.

This _____ day of February, 2015.

ROBERT M SUMMERALL

I CERTIFY that Employee has read the foregoing Stipulation and Agreement, understands its terms and effects; that Employee has signed this Stipulation and Agreement; and that I approve this Stipulation and Agreement.

BRIAN J. BUCKELEW
BRIAN J. BUCKELEW, P.C.
Attorney for Employee

KELLY M. CLARK
LAW OFFICES OF THOMAS O. SIPPEL
Attorney for Employer and Insurer

IN THE STATE BOARD OF WORKERS' COMPENSATION
STATE OF GEORGIA

ROBERT M SUMMERALL
953 MICHIGAN AVENUE NORTHWEST
ATLANTA, GA 30314

Employee/Claimant,

v.

285 WEST SOUL FOOD RESTAURANT, LLC
2636-10 MARTIN LUTHER KING JR DRIVE
ATLANTA, GA 30311

Employer,

and

HARTFORD UNDERWRITERS INSURANCE
COMPANY – SOUTHEAST WORKERS'
COMPENSATION CLAIM CENTER
P.O. BOX 14473
LEXINGTON, KY 40512

Insurer.

ICMS NO.: 2014-024157

DATE OF INJURY: 7/12/2014

THROW-AWAY MEMORANDUM

Employer and Insurer agree to pay and Employee agrees to accept TEN THOUSAND DOLLARS & NO CENTS (\$10,000.00) to be distributed as follows:

- i) \$7,500.00 is to be paid to the Employee, less attorney's expenses of \$_____. (Total amount to Employee \$_____).
- ii) \$2,500.00 is to be paid to Employee's attorney as fees and \$_____ as expenses. (Total amount to Employee's

attorney \$_____).

All checks will be sent to Employee's attorney.

The remaining \$_____ to be paid to the Employee/Claimant, shall be calculated without commutation of interest, but shall represent the negotiated compromise agreement that the Claimant's life expectancy is _____ years forward from this date, pursuant to the CDC National Vital Statistics Reports Vol. 62, No.7, and that the settlement herein reached referenced the payment of \$_____ per week to the Claimant over the balance of the _____ weeks for the life expectancy of the Claimant. Said settlement, in the opinion of the parties, comprises an adequate reflection of the merits of the parties' respective contentions.

Pursuant to Board Rule 15(1), the Employee stipulates that there are no outstanding child support liens that would prohibit full disbursement of the settlement funds in this case. The Claimant will be responsible for any and all outstanding medical bills or medical liens.

This _____ day of February, 2015.

BRIAN J. BUCKELEW
BRIAN J. BUCKELEW, P.C.
Attorney for Employee/Claimant

KELLY M. CLARK
LAW OFFICES OF THOMAS O. SIPPEL
Attorney for Employer and Insurer

ROBERT M SUMMERALL
Employee/Claimant

Concentra Medical Centers (GA)

3580 Atlanta Avenue Hapeville, GA 30354
 Phone: (404) 763-3351 Fax: (404) 763-2002

Transcription

Patient:	Summerall, Robert M.	Service Date:	7/12/2014
Soc. Sec. #:	XXX-XX-1953	Injury Date:	7/12/2014
Date of Birth:	3/11/1973 Age: 41	Employer:	Garden Fresh East Coast Dist Center #900:
Service Location:	CMC - Atl Airport Hapeville	Dictated By:	Annette S Williams, PA-C
Service ID # :	645306791	Diagnosis:	943.01 Burn Of Unspecified Degree Of Forearm

Notes:

CHIEF COMPLAINT:

Patient is a 41 year old male employee of 285 West Soul Food who complains about his Arm which was injured on 7/12/2014.

PATIENT STATEMENT:

Patient states : "Carrying a boiling pot of water and was bumped into and the water burned my left forearm. "

HISTORY OF PRESENT ILLNESS:

The mechanism of injury was a burn that occurred when some hot water spilled. The pain began immediately. The burn is located on the left forearm. Pain Intensity Level: 9/10. The symptoms are exacerbated by air flow and heat.

Immunizations: Last tetanus vaccination was less than 5 years ago.

PAST MEDICAL, SOCIAL, FAMILY HISTORY: Noncontributory based upon review of comprehensive questionnaire.

ROS: Noncontributory based upon review of comprehensive questionnaire.

PE:

VITAL SIGNS: BP: 112/72. T: 99.0 degrees F orally. P: 66. R: 12

APPEARANCE: Well nourished, well developed, in no acute distress.

SKIN: Warm and dry. Normal color and texture. Except Burn area.

MUSCULOSKELETAL: See vital signs above

Left Forearm: Gross evaluation reveals blistering irregular burn to mid forearm.

Tender to touch. Minimal swelling. Mild erythema. Full range of motion of wrist, fingers, and elbow.

Wound cleaned with Hibiclens and Dressing: Silver sulfadiazine applied..

ASSESSMENT:

1. Second degree burn of the left forearm. 943.21.

PLAN:

DURABLE GOODS:

Dictated By: Annette S Williams, PA-C

Dictated On: 7/15/2014 9:14 AM

Concentra Medical Centers (GA)

3580 Atlanta Avenue Hapeville, GA 30354
Phone: (404) 763-3351 Fax: (404) 763-2002

Transcription

Patient:	Summerall, Robert M.	Service Date:	7/12/2014
Soc. Sec. #:	XXX-XX-1953	Injury Date:	7/12/2014
Date of Birth:	3/11/1973 Age: 41	Employer:	Garden Fresh East Coast Dist Center #900:
Service Location:	CMC - Atl Airport Hapeville	Dictated By:	Annette S Williams, PA-C
Service ID # :	645306791	Diagnosis:	943.01 Burn Of Unspecified Degree Of Forearr

Notes:

- dressings home

ACTIVITY STATUS:

Modified activity

- Limited use of left arm
- Keep wound dry and clean..

RETURN FOR EVALUATION: In 2 days for recheck.

Diagnosis, treatment plan and expectations were discussed with the patient. The patient expressed understanding.

******* APPENDED NOTE *******

Appended By: Annette S Williams, PA-C

Appended On: 7/15/2014 9:24:05 AM

Medications Dispensed:

Ibuprofen 800mg po tid with food.

Dictated By: Annette S Williams, PA-C

Dictated On: 7/15/2014 9:14 AM

Last Update: 07/15/2014 9:24:38

r_transcription Page 2 of 2

Last Updated By: williaat

© 1996 - 2014 Concentra Operating Corporation All Rights Reserved.

Transcription Printed Date: 07/25/2014

Form Revision Date: 11/17/2009

Concentra Medical Centers (GA)3580 Atlanta Avenue Hapeville, GA 30854
Phone: (404) 768-3351 Fax: (404) 768-2002**Transcription**

Patient:	Summerall, Robert M.	Service Date:	7/14/2014
Soc. Sec. #:	XXX-XX-1953	Injury Date:	7/12/2014
Date of Birth:	3/11/1973 Age: 41	Employer:	Garden Fresh East Coast Dist Center #900:
Service Location:	CMC - Atl Airport Hapeville	Dictated By:	Annette S Williams, PA-C
Service ID #:	645307298	Diagnosis:	943.01 Burn Of Unspecified Degree Of Forearm

Notes:

***** PROGRESS NOTE *****

Vital Signs: BP: 122/74. P: 69.
The vitals were taken at: 11:58 AM by: N C.

Patient returns for a recheck for the injury stated above.
He feels the pattern of symptoms is only slightly improving. Patient has been working within the duty restrictions. Patient has been compliant taking medications and has noted some relief of pain.. The burn is located on the left forearm. Pain Intensity Level: 8/10. The symptoms are exacerbated by heat and palpation. Also complains of mild left wrist pain. When he was bumped while carrying the pot of water, his wrist was strained. Mild pain to radial wrist.

PE:

APPEARANCE: Well nourished, well developed. No acute distress.

SKIN: Warm and dry. Normal color and texture.

MUSCULOSKELETAL: See vital signs above.

Left Wrist: Wrist shows no deformity. No radial pulse. Grip strength normal. Mild tenderness to snuff box tenderness.

WOUND PE:

No purulent drainage. Neurovascular status intact. Mild erythema and tenderness. Mild swelling. No bleeding. Blisters intact.

Wound cleaned and redressed with Silvadene.

ASSESSMENT:

1. Second degree burn of the left forearm. 943.21.
1. Wrist sprain, unspecified site. 842.00.

PLAN:

Continue current treatment plan.

ACTIVITY STATUS:

Modified activity

- Limited use of left arm

Dictated By: Annette S Williams, PA-C**Dictated On: 7/15/2014 9:23 AM**

Concentra Medical Centers (GA)

3580 Atlanta Avenue Hapeville, GA 30854
Phone: (404) 768-3351 Fax: (404) 768-2002

Transcription

Patient:	Summerall, Robert M.	Service Date:	7/14/2014
Soc. Sec. #:	XXX-XX-1953	Injury Date:	7/12/2014
Date of Birth:	3/11/1973 Age: 41	Employer:	Garden Fresh East Coast Dist Center #900:
Service Location:	CMC - Atl Airport Hapeville	Dictated By:	Annette S Williams, PA-C
Service ID # :	645307298	Diagnosis:	943.01 Burn Of Unspecified Degree Of Forearr

Notes:

- Keep wound dry and clean..

RETURN FOR EVALUATION: In 3 days for recheck.

Diagnosis, treatment plan and expectations were discussed with the patient. The patient expressed understanding.

Dictated By: Annette S Williams, PA-C

Dictated On: 7/15/2014 9:23 AM

Claim Number:

Concentra Medical Centers3580 Atlanta Avenue HAPEVILLE, GA 30354
Phone: (404) 768-3351 Fax: (404) 763-2002

Service Date: 07/14/2014

Case Date: 07/12/2014

Physician Work Activity Status Report**Patient:** Summerall, Robert M.**SSN:** XXX-XX-1953**Address:** 953 Michigan Ave.
ATLANTA, GA 30314**Home:** (305) 562-8489**Work:** Ext.:**Employer Location:** 285 West Soul Food**Address:** 2636 MLK Jr. Dr. SW #10

ATLANTA, GA 30311

Auth. by: Juaneta Cooper**Contact:** Juaneta Cooper**Role:****Phone:** (404) 437-4925 **Ext.:****Fax:****This Visit:** Time In: 10:24 am

Time Out: 01:00 pm

Recordable: N/A**Visit Type:** Recheck**Treating Provider:** Annette S. Williams, PA-C**Diagnosis:** 943.01 Burn Of Unspecified Degree Of Forearm**Medications:**

- ☐ Dispensed Prescription Medication to Patient
- ☐ Dispensed Over-The-Counter Prescription
- ☐ Written Prescription given to Patient

Patient Status:**Modified Activity - Returning for follow-up visit****Restricted Activity (In effect until next physician visit):**

Return to work on 07/14/2014 with the following restrictions

Keep wound clean and dry

Limited use of L ARM

Remarks:**Employer Notice:**

The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement: 08/14/2014 **Actual Date of Maximum Medical Improvement:****Next Visit(s):**

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Thursday July 17, 2014 5:00 pm**Provider/Facility:** Annette S. Williams, PA-C

March 14, 2014 2:09 pm


Mrs. A. Massidas;

I AM faxing to you my decision and my decision along. It is my open ended desire, to not pursue today and in the future legal efforts against my employer 285 West Soul Food; 2636 Martin Luther King Blvd, ATLANTA GA.

After careful consideration, I am requesting for spielberger Law Group, LLC to discontinue legal efforts toward my Employer!

I fully understand the risk and the financial repercussion my decision may have. PLEASE accept this fax as being my overall final decision and position.

Sincerely,



3/14/14

Robert Mark Summerall: CLID 140227368.
X 